

**COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION**

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Medication Delivery System Having Selective Automated or Manual Discharge

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

As named inventor, I hereby appoint the following practitioner with full power of substitution and revocation to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

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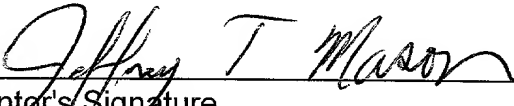
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

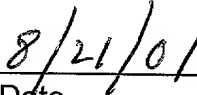
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USA

Full Name of Inventor

Citizenship

  
Inventor's Signature

  
Date

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RFB:0810a.001